

CLAIMS ONLY							Application Number <u>100052410</u>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51				
2		/					52				
3		/					53				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	↙		↙		↙		Total Indep	↙		↙	
Total Depend	↘		↘		↘		Total Depend	↘		↘	
Total Claims							Total Claims				